

WESTATES PHOTOS (3/9/95)



Photo # 1 Bin used to store hazardous waste debris generated on-site. Located on the Concrete Containment Pad.



Photo # 2 Triple rinsed spent carbon containers. Located along the northeast fence line.

3252

OMB#: 2050-0024 Expires 8/31/96

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Westates Carbon-Arizona, Inc.

EPA ID NO: A, Z, D, 9, 8, 2, 4, 4, 1, 2, 6, 3

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
ICIDENTIFICATION AND
CERTIFICATION

RECEIVED

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

JUN 3 1994

Sec. I Site name and location address. Complete A through H. Check the box ☐ in Items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.A. EPA ID No.
Same as label ☒ or →B. County
La PazC. Site/company name
Same as label ☒ or →D. Has the site name associated with this EPA ID changed since 1991? ☐ 1 Yes
☒ 2 NoE. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.
Same as label ☐ or → 2523 Mutahar StreetF. City, town, village, etc.
Same as label ☐ or → ParkerG. State
Same as label A, ZH. Zip Code
Same as label 8, 5, 3, 4, 4, -

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO SEC. III)
☒ 2 No (GO TO BOX B)B. Number and street name of mailing address
Post Office Box EC. City, town, village, etc.
ParkerD. State
A, ZE. Zip Code
8, 5, 3, 4, 4, -

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I.
Walsh Jeffrey S.B. Title
Environmental
Health & Safety
ManagerC. Telephone
6, 0, 2, 6, 9, 5, 7, 5, 8
Extension

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I.
Walsh Jeffrey S.B. Title Environmental Health and
Safety Manager

C. Signature

Jeffrey S. Walsh

D. Date of signature

0, 6, 0, 2, 9, 4
MO. DAY YR.

FORM IC

Sec.V - Generator Status

EPA ID NO. A, Z, D, 9, 8, 2, 4, 4, 1, 2, 6, 3,A. 1993 RCRA generator status
Instruction page 10.
(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

B. Reason for not generating
Page 12.
(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13.

3

B. Treatment, disposal, or recycling subject to RCRA permitting requirements Page 13.

2

C. RCRA-exempt treatment, disposal, or recycling Page 13.

No

Sec.VII - Waste Minimization Activity during 1992 or 1993

A. Did this site begin or expand a source reduction activity during 1992 or 1993? Page 14.

- ☒ 1 Yes
☐ 2 No

B. Did this site begin or expand a recycling activity during 1992 or 1993? Page 15.

- ☒ 1 Yes
☐ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1992 or 1993? Page 15.

- ☐ 1 Yes
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1992 or 1993? Page 16.
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible; cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1992 or 1993? Page 16.
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible; cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GM

**WASTE GENERATION
AND MANAGEMENT**

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Comments: Section I/B - See Attachment
Section I/E - Thermal Treatment
Section I/F - Combination of A91, A92, A93

OMB #: 2050-0024 Expires: 8/31/96

United States
Environmental Protection Agency



1993 Hazardous Waste Report

INSTRUCTIONS AND FORMS

Public reporting burden for this collection of information is estimated to average 21.9 hours per response. The reporting burden includes time for reviewing instructions, gathering data, and completing and reviewing the questionnaire. The record keeping requirement is estimated to average 1.3 hours per response. This includes the reporting burden time for filing and storing the Biennial-Report submission for three years.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to:

Chief, Information Policy Branch
U.S. Environmental Protection Agency
401 M Street, S.W. PM-223
Washington, DC 20460

and

Office of Management and Budget
Paperwork Reduction Project
Washington, DC 20503

- Form WR A site required to file the 1993 Hazardous Waste Report must submit Form WR if, during 1993, it received RCRA hazardous waste from off site.
- Form PS Sites required to file the 1993 Hazardous Waste Report are requested to submit a separate and independent Form PS for each on-site hazardous waste treatment, disposal, or recycling process system that, during 1993, existed, was planned, or was in the closure process.
- Form OI Complete this form if your State requires it. Instructions for Form OI are on the back of the form.

HOW TO FILL OUT THE FORMS

EPA needs all the information requested in these forms. Although you are not required to fill out all portions of the report, EPA requests that you provide us with your best judgments, plans, and updated information so that EPA will have accurate updated information that links reported wastes to management systems. This will be an important source of information that EPA will use for activities such as hazardous waste treatment capacity analyses, national capacity and case-by-case variances in the Land Disposal Restrictions program, and waste minimization strategies and evaluation. Many State programs also rely on data from the BR forms. Specifically, the capacity and treatment information are necessary parts of the assurances they must make pursuant to CERCLA 104 (c) (9) so they can receive remedial action funding.

In addition to being essential to EPA and many State governments, EPA also plans to compile this information and make it available to all interested parties. Other sectors can use it for their hazardous waste management decisions. Thus, the more complete and accurate the data, the better everyone's overall understanding of this dynamic and diverse industry. Better understanding will hopefully result in better overall decisions and more efficient and effective programs to protect our environment.

The following lists information on each form that you must provide, if you are required to submit that form.

Form IC

Section I

Block A	EPA Identification Number
Block C	Site/Company Name
Block E	Location Street Name and Number
Block F	Location City
Block G	Location State
Block H	Location Zip Code

Section II

Block B	Mailing Address Street Name and Number
Block C	Mailing Address City
Block D	Mailing Address State
Block E	Mailing Address Zip Code

Section III

Block A	Site Contact Last Name, First Name, and Initial
Block B	Site Contact Title
Block C	Site Contact Area Code, Telephone Number, and Extension

Section IV

Block A	Report Certification Official Last Name, First Name, and Initial
Block B	Report Certification Official's title
Block C	Report Certification Official's Signature
Block D	Report Certification Date of Signature (MM/DD/YY)

Section V

Block A	1993 Generator Status
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Section VI

Block A	Storage subject to RCRA Permitting requirements
Block B	Treatment, disposal, or recycling subject to RCRA permitting requirements

Section VII

Block A	1992 or 1993 source reduction activity indicator
Block B	1992 or 1993 recycling activity indicator
Block C	Waste Minimization Opportunity assessment indicator

Form GM

Site Name

EPA Identification Number

Section I

Block A	Waste description
Block B	EPA Hazardous Waste Codes

Section II

Block B	Quantity generated in 1993
Block C	Unit of measure and density information

For Each On-Site Process System

EPA Process System Code
Quantity treated, disposed, or recycled on site in that process system

Section III

For each off-site shipment

Block B	EPA ID number of the facility the waste was shipped to
Block E	Quantity of waste shipped to that EPA ID

Section IV

Block B	EPA waste minimization activity codes
Block C	Other effects indicator
Block D	Quantity recycled in 1993 due to new activities
Block F	1993 source reduction quantity

Form WR

Site Name

Site EPA Identification number

For each waste reported (one waste per section)

Block A	Description of hazardous waste
Block B	EPA hazardous waste codes
Block D	Off-site source EPA ID number
Block E	Quantity received in 1993
Block F	Unit of measure and density
Block I	EPA Process System Type

Form PS

Not required

Form OI

Not required

TOLL FREE HELP LINE

To obtain assistance in filling out the forms in this package, please telephone the U.S. EPA 1993 Hazardous Waste Report Help Line: 1-800-908-2159. The help line operates Monday through Friday from 9:00 a.m. to 6:00 p.m. Eastern Standard Time from January 3, 1994, through April 29, 1994.

COPIES OF REPORT FORMS AND INSTRUCTIONS

To obtain additional copies of Report forms or to ask about State-specific requirements, contact the State or Regional environmental protection authority listed on pages vi through x in this booklet.

DOCUMENTS HELPFUL IN FILLING OUT THE FORMS

In preparing the 1993 Hazardous Waste Report, you will need to consult your records on quantities and types of hazardous waste generated. Some records that might be helpful are listed below. Your site may not have all of the documents:

Attachment 6

OMB#: 2050-0024 Expires 8/31/96

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Westates Carbon-Arizona Inc

EPA ID NO: AZD 982 441 263

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
ICIDENTIFICATION AND
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No.

Same as label ☒ or →

B. County

LA PAZ

C. Site/company name

Same as label ☒ or →

D. Has the site name associated with this EPA ID changed since 1991?

☐ 1 Yes
☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.

Same as label ☐ or → 2523 MUTAHAR STREET

F. City, town, village, etc.

Same as label ☐ or → PARKER

G. State

Same as label

AZ

H. Zip Code

Same as label

85344

Sec. II

Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address?

☐ 1 Yes (SKIP TO SEC. III)
☒ 2 No (GO TO BOX B)

B. Number and street name of mailing address

POST OFFICE BOX E

C. City, town, village, etc.

PARKER

D. State

AZ

E. Zip Code

85344

Sec. III

Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First Name M.I.

MCCUE MONTE W

B. Title

PLANT MGR.

C. Telephone

(602) 669-5776

Extension

Sec. IV

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First Name M.I.

MCCUE MONTE W

B. Title

PLANT MANAGER

C. Signature

D. Date of signature

04/11/95
MO. DAY YR.

Page 1 of

FORM IC

Sec.V - Generator Status

EPA ID NO. A1ZD19181214141121613A. 1983 RCRA generator status
Instruction page 10.
(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

B. Reason for not generating
Page 12.
(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13.

4B. Treatment, disposal, or recycling subject to RCRA permitting
requirements Page 13.3C. RCRA-exempt treatment, disposal, or recycling Page
13.3

Sec.VII - Waste Minimization Activity during 1982 or 1983

A. Did this site begin or expand a source reduction activity
during 1982 or 1983? Page 14.

- ☒ 1 Yes
☐ 2 No

B. Did this site begin or expand a recycling activity during 1982 or
1983? Page 15.

- ☒ 1 Yes
☐ 2 No

C. Did this site systematically investigate opportunities
for source reduction or recycling during 1982 or 1983?
Page 15.

- ☒ 1 Yes
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1982 or 1983? Page 15
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1982 or 1983? Page 15.
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practices | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Westates Carbon-Arizona, Inc.

EPA ID NO: AZD 982 441 263



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1993 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. 1 A. Waste description - Instruction page 18.		Hazardous Debris			
B. EPA hazardous waste code Page 18. <div> <div>F001</div> <div>F002</div> <div>F003</div> <div>F005</div> <div>F006</div> </div>			C. State hazardous waste code Page 18. NOT APPLICABLE		
D. SIC code Page 18. <div>4953</div>	E. Origin code <u>1</u> Page 19 System Type <u>M125</u>	F. Source code Page 20. <div>A74</div>	G. Point of measurement Page 20. <div>4</div>	H. Form code Page 20. <div>B404</div>	I. RCRA - radioactive mixed Page 20. <div>2</div>

Sec. II A. Quantity generated in 1992 Instruction Page 21. 8,000.0	B. Quantity generated in 1993 Page 21. 3,000.0	C. UOM Page 21. 1 1 1 □ 1 lb/gal □ 2 sg	Density D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTWT Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. M 1 2 5		ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. M 1 1 1	
Quantity treated, disposed, or recycled on site in 1993 1,262.0		Quantity treated, disposed, or recycled on site in 1993 1,262.0	

Sec. III A. Was any of this waste shipped off-site in 1993 Instruction page 23.		<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV)		
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. [M] _____	D. Off-site availability code Page 23. []	E. Total quantity shipped in 1993 Page 23. _____
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. [M] _____	D. Off-site availability code Page 23. []	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV A. Did new activities in 1983 result in minimization of this waste? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.				
B. Activity Page 24. LW 19 LW LW LW	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1983 due to new activities Page 25. 7,500 - 10	E. Activity/production index Page 25. 4.15	F. 1983 source reduction quantity Page 28. 5,760 - 10

Comments:

SEE ATTACHED PAGE FOR COMMENTS

ATTACHMENT FOR FORM GM

**COMMENTS FOR FORM GM
1994 BIENNIAL REPORT**

-
- Section I.B.** - See attached waste code list that fully identifies the waste codes received at the facility.
- Section I.E.** - Carbon Reactivation.
- Section II.** - Estimated Quantities.
- Section II. On-Site System 1** - Water Wash.
- Section IV.B.** - Recycling appropriate PPE to the extent practical.
- Section IV.E. & F.** - The facility operated only 3 1/2 months in 1992.